

Department of Administration
Division of Facilities Management
OCCUPANCY EXPENSE WORKSHEET

DATE: _____

Agency Name: _____

Property Address: _____

Total Number of Employees: _____

Agency Contact: _____ Phone: _____

Address: _____ Email: _____

| Total Sq. Ft. _____ | Annual Amount | For DFM Use Only | Remarks |
|--|---------------|------------------|---------|
| Rent | \$ | \$ | |
| Storage | \$ | \$ | |
| Parking Spaces | \$ | \$ | |
| Real Estate Taxes | \$ | \$ | |
| Insurance | \$ | \$ | |
| Utilities Gas | \$ | \$ | |
| Electricity | \$ | \$ | |
| Water | \$ | \$ | |
| Common Area Maintenance | \$ | \$ | |
| Janitorial Services | \$ | \$ | |
| Other Services/Costs | \$ | \$ | |
| * Improvements | \$ | | |
| Number of Police Reports During past twelve (12) month period | # | | |
| Cost of all losses due to theft, vandalism, etc. in the last twelve (12) months. | \$ | \$ | |

Instructions:

This is a worksheet that calculates an “annual” (most current 12 months) occupancy cost. Some of the categories may not apply to your lease. For example, a “full-services lease may contain taxes, insurance, utilities, and custodial expenses. If so, please note “F.S.” in the appropriate category.

* Enter the dollar amount spent by the agency for any improvements to the building and in the remarks column please list what the improvements were.

Questions regarding this worksheet should be directed to the Leasing Section at (785) 296-1318.